

Plan Name:
 County: Fresno
 Aid Code Grouping: Family

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyewear	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$80.89	\$32.20	\$1,100.37	\$29.19	\$329.43	\$9.48	
2. Units per Eligible/year	5.960	3.970	0.320	2.610	0.010	7.360	
Cost per Elig. per Mo.	\$40.18	\$10.65	\$29.34	\$6.35	\$0.27	\$5.81	\$92.60
3. Adjustments							
a. Age/Sex	0.935	0.960	0.917	0.940	1.000	0.965	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	1.596	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$33.52	\$10.14	\$26.04	\$5.71	\$0.27	\$8.95	\$84.63
4. Legislative Adjustments	1.012	0.793	0.989	1.037	1.019	0.985	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$35.86	\$9.09	\$27.35	\$6.73	\$0.28	\$9.67	\$88.98
6. Adjustment to Pool						5.5%	4.89
Capitation Rate							\$93.87

Plan Name:
 County: Fresno
 Aid Code Grouping: Disabled

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$22.14	\$69.61	\$658.22	\$26.02	\$266.55	\$6.98	
2. Units per Eligible/year	14.720	25.830	0.870	5.600	0.450	73.390	
Cost per Elig. per Mo.	\$27.16	\$149.84	\$47.72	\$12.14	\$10.00	\$42.69	\$289.55
3. Adjustments							
a. Age/Sex	1.045	0.933	1.002	1.099	0.923	1.080	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$23.37	\$122.33	\$43.99	\$12.98	\$9.18	\$40.43	\$252.28
4. Legislative Adjustments	1.001	0.793	1.022	1.032	1.019	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$24.73	\$109.62	\$47.75	\$15.22	\$9.35	\$43.82	\$250.49
6. Adjustment to Pool						5.5%	13.78
Capitation Rate							\$264.27

Plan Name:
 County: Fresno
 Aid Code Grouping: Aged

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$15.80	\$52.32	\$311.22	\$16.61	\$254.01	\$6.25	
2. Units per Eligible/year	12.410	20.020	0.760	4.160	0.970	49.120	
Cost per Elig. per Mo.	\$16.34	\$87.29	\$19.71	\$5.76	\$20.53	\$25.58	\$175.21
3. Adjustments							
a. Age/Sex	1.031	0.972	0.990	1.051	0.801	0.967	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$15.12	\$84.51	\$19.45	\$5.97	\$16.40	\$19.32	\$160.77
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.020	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$15.98	\$75.73	\$20.66	\$6.99	\$16.73	\$20.96	\$157.05
6. Adjustment to Pool						5.5%	8.64
Capitation Rate							\$165.69

Plan Name:
 County: Fresno
 Aid Code Grouping: Child

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$65.17	\$23.81	\$1,088.78	\$26.81	\$199.73	\$6.98	
2. Units per Eligible/year	5.200	3.620	0.460	2.790	0.020	12.130	
Cost per Elig. per Mo.	\$28.24	\$7.18	\$41.74	\$6.23	\$0.33	\$7.06	\$90.78
3. Adjustments							
a. Age/Sex	1.132	1.063	1.156	1.133	1.000	1.024	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	1.392	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$28.49	\$7.51	\$45.94	\$6.87	\$0.33	\$10.06	\$99.20
4. Legislative Adjustments	1.011	0.793	1.000	1.042	1.018	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$30.45	\$6.73	\$48.79	\$8.13	\$0.34	\$10.90	\$105.34
6. Adjustment to Pool						5.5%	5.79
Capitation Rate							\$111.13

Plan Name:
 County: Fresno
 Aid Code Grouping: Adult

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$174.08	\$26.89	\$1,067.52	\$28.25	\$0.00	\$32.25	
2. Units per Eligible/year	22.160	5.090	4.680	17.660	0.000	9.720	
Cost per Elig. per Mo.	\$321.47	\$11.41	\$416.33	\$41.57	\$0.00	\$26.12	\$816.90
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$293.85	\$11.40	\$415.91	\$41.11	\$0.00	\$23.17	\$785.44
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.004	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$310.60	\$10.22	\$441.70	\$48.15	\$0.00	\$25.14	\$835.81
6. Adjustment to Pool						5.5%	45.97
Capitation Rate							\$881.78

Plan Name:
 County: Fresno
 Aid Code Grouping: AIDS

Plan #: Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$27.68	\$182.11	\$658.22	\$24.46	\$348.70	\$14.01	
2. Units per Eligible/year	31.390	55.340	3.300	26.480	0.450	90.190	
Cost per Elig. per Mo.	\$72.41	\$839.83	\$181.01	\$53.98	\$13.08	\$105.30	\$1,265.61
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$60.82	\$556.81	\$173.23	\$53.55	\$13.05	\$67.60	\$925.06
4. Legislative Adjustments	1.000	0.805	1.008	1.031	1.024	0.994	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$64.29	\$506.50	\$185.44	\$62.72	\$13.36	\$73.71	\$906.02
6. Adjustment to Pool						5.5%	49.83
Capitation Rate							\$955.85

Plan Name:
 County: Kern
 Aid Code Grouping: Family

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$80.89	\$32.20	\$1,122.09	\$29.19	\$329.43	\$9.48	
2. Units per Eligible/year	5.960	3.970	0.320	2.610	0.010	7.360	
Cost per Elig. per Mo.	\$40.18	\$10.65	\$29.92	\$6.35	\$0.27	\$5.81	\$93.18
3. Adjustments							
a. Age/Sex	0.953	0.954	0.942	0.957	1.000	0.969	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	1.596	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$34.16	\$10.08	\$27.28	\$5.81	\$0.27	\$8.99	\$86.59
4. Legislative Adjustments	1.012	0.793	0.989	1.037	1.019	0.985	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$36.54	\$9.03	\$28.65	\$6.84	\$0.28	\$9.71	\$91.05
6. Adjustment to Pool						5.5%	5.01
Capitation Rate							\$96.06

Plan Name:
 County: Kern
 Aid Code Grouping: Disabled

Plan #: Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$22.14	\$69.61	\$453.91	\$26.02	\$266.55	\$6.98	
2. Units per Eligible/year	14.720	25.830	0.870	5.600	0.450	73.390	
Cost per Elig. per Mo.	\$27.16	\$149.84	\$32.91	\$12.14	\$10.00	\$42.69	\$274.74
3. Adjustments							
a. Age/Sex	1.012	0.905	0.969	1.091	0.934	1.064	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$22.63	\$118.65	\$29.34	\$12.89	\$9.29	\$39.84	\$232.64
4. Legislative Adjustments	1.001	0.793	1.022	1.032	1.019	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$23.94	\$106.32	\$31.84	\$15.11	\$9.47	\$43.18	\$229.86
6. Adjustment to Pool						5.5%	12.64
Capitation Rate							\$242.50

Plan Name:
 County: Kern
 Aid Code Grouping: Aged

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$15.80	\$52.32	\$242.22	\$16.61	\$254.01	\$6.25	
2. Units per Eligible/year	12.410	20.020	0.760	4.160	0.970	49.120	
Cost per Elig. per Mo.	\$16.34	\$87.29	\$15.34	\$5.76	\$20.53	\$25.58	\$170.84
3. Adjustments							
a. Age/Sex	1.006	1.007	1.025	0.999	1.024	1.008	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$14.76	\$87.55	\$15.68	\$5.67	\$20.96	\$20.14	\$164.76
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.020	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$15.60	\$78.45	\$16.65	\$6.64	\$21.38	\$21.85	\$160.57
6. Adjustment to Pool						5.5%	8.83
Capitation Rate							\$169.40

Plan Name:
 County: Kern
 Aid Code Grouping: Child

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyewear	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$65.17	\$23.81	\$1,127.72	\$26.81	\$199.73	\$6.98	
2. Units per Eligible/year	5.200	3.620	0.460	2.790	0.020	12.130	
Cost per Elig. per Mo.	\$28.24	\$7.18	\$43.23	\$6.23	\$0.33	\$7.06	\$92.27
3. Adjustments							
a. Age/Sex	1.105	1.061	1.110	1.110	1.000	1.013	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	1.392	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$27.81	\$7.50	\$45.68	\$6.73	\$0.33	\$9.96	\$98.01
4. Legislative Adjustments	1.011	0.793	1.000	1.042	1.018	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$29.72	\$6.72	\$48.51	\$7.97	\$0.34	\$10.80	\$104.06
6. Adjustment to Pool						5.5%	5.72
Capitation Rate							\$109.78

Plan Name:
 County: Kern
 Aid Code Grouping: Adult

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$174.08	\$26.89	\$1,245.72	\$28.25	\$0.00	\$32.25	
2. Units per Eligible/year	22.160	5.090	4.680	17.660	0.000	9.720	
Cost per Elig. per Mo.	\$321.47	\$11.41	\$485.83	\$41.57	\$0.00	\$26.12	\$886.40
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$293.85	\$11.40	\$485.34	\$41.11	\$0.00	\$23.17	\$854.87
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.004	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$310.60	\$10.22	\$515.43	\$48.15	\$0.00	\$25.14	\$909.54
6. Adjustment to Pool						5.5%	50.02
Capitation Rate							\$959.56

Plan Name:
County: Kern
Aid Code Grouping: AIDS

Plan # :
Plan Type: Commercial Plan
Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$27.68	\$182.11	\$453.91	\$24.46	\$348.70	\$14.01	
2. Units per Eligible/year	31.390	55.340	3.300	26.480	0.450	90.190	
Cost per Elig. per Mo.	\$72.41	\$839.83	\$124.83	\$53.98	\$13.08	\$105.30	\$1,209.43
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$60.82	\$556.81	\$119.46	\$53.55	\$13.05	\$67.60	\$871.29
4. Legislative Adjustments	1.000	0.805	1.008	1.031	1.024	0.994	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$64.29	\$506.50	\$127.88	\$62.72	\$13.36	\$73.71	\$848.46
6. Adjustment to Pool						5.5%	46.67
Capitation Rate							\$895.13

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Family

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$80.89	\$32.20	\$886.76	\$29.19	\$329.43	\$9.48	
2. Units per Eligible/year	5.960	3.970	0.320	2.610	0.010	7.360	
Cost per Elig. per Mo.	\$40.18	\$10.65	\$23.65	\$6.35	\$0.27	\$5.81	\$86.91
3. Adjustments							
a. Age/Sex	0.962	0.946	0.959	0.965	1.000	0.968	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	1.596	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$34.48	\$9.99	\$21.95	\$5.86	\$0.27	\$8.98	\$81.53
4. Legislative Adjustments	1.012	0.793	0.989	1.037	1.019	0.985	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$36.88	\$8.95	\$23.05	\$6.90	\$0.28	\$9.70	\$85.76
6. Adjustment to Pool						5.5%	4.72
Capitation Rate							\$90.48

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Disabled

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$22.14	\$69.61	\$498.70	\$26.02	\$266.55	\$6.98	
2. Units per Eligible/year	14.720	25.830	0.870	5.600	0.450	73.390	
Cost per Elig. per Mo.	\$27.16	\$149.84	\$36.16	\$12.14	\$10.00	\$42.69	\$277.99
3. Adjustments							
a. Age/Sex	0.950	0.834	0.899	1.071	0.951	1.083	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$21.25	\$109.35	\$29.91	\$12.65	\$9.46	\$40.55	\$223.17
4. Legislative Adjustments	1.001	0.793	1.022	1.032	1.019	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$22.48	\$97.99	\$32.46	\$14.83	\$9.64	\$43.95	\$221.35
6. Adjustment to Pool						5.5%	12.17
Capitation Rate							\$233.52

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Aged

Plan #: Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$15.80	\$52.32	\$322.56	\$16.61	\$254.01	\$6.25	
2. Units per Eligible/year	12.410	20.020	0.760	4.160	0.970	49.120	
Cost per Elig. per Mo.	\$16.34	\$87.29	\$20.43	\$5.76	\$20.53	\$25.58	\$175.93
3. Adjustments							
a. Age/Sex	1.006	1.014	1.049	0.991	1.074	1.019	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$14.76	\$88.16	\$21.37	\$5.63	\$21.98	\$20.36	\$172.26
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.020	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$15.60	\$79.00	\$22.69	\$6.59	\$22.42	\$22.09	\$168.39
6. Adjustment to Pool						5.5%	9.26
Capitation Rate							\$177.65

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Child

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$65.17	\$23.81	\$940.86	\$26.81	\$199.73	\$6.98	
2. Units per Eligible/year	5.200	3.620	0.460	2.790	0.020	12.130	
Cost per Elig. per Mo.	\$28.24	\$7.18	\$36.07	\$6.23	\$0.33	\$7.06	\$85.11
3. Adjustments							
a. Age/Sex	1.087	1.069	1.093	1.101	1.000	0.991	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	1.392	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$27.36	\$7.55	\$37.53	\$6.67	\$0.33	\$9.74	\$89.18
4. Legislative Adjustments	1.011	0.793	1.000	1.042	1.018	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$29.24	\$6.77	\$39.86	\$7.90	\$0.34	\$10.56	\$94.67
6. Adjustment to Pool						5.5%	5.21
Capitation Rate							\$99.88

Plan Name:
 County: San Joaquin
 Aid Code Grouping: Adult

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$174.08	\$26.89	\$1,000.07	\$28.25	\$0.00	\$32.25	
2. Units per Eligible/year	22.160	5.090	4.680	17.660	0.000	9.720	
Cost per Elig. per Mo.	\$321.47	\$11.41	\$390.03	\$41.57	\$0.00	\$26.12	\$790.60
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$293.85	\$11.40	\$389.64	\$41.11	\$0.00	\$23.17	\$759.17
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.004	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$310.60	\$10.22	\$413.80	\$48.15	\$0.00	\$25.14	\$807.91
6. Adjustment to Pool						5.5%	44.44
Capitation Rate							\$852.35

Plan Name:
 County: San Joaquin
 Aid Code Grouping: AIDS

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$27.68	\$182.11	\$498.70	\$24.46	\$348.70	\$14.01	
2. Units per Eligible/year	31.390	55.340	3.300	26.480	0.450	90.190	
Cost per Elig. per Mo.	\$72.41	\$839.83	\$137.14	\$53.98	\$13.08	\$105.30	\$1,221.74
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$60.82	\$556.81	\$131.24	\$53.55	\$13.05	\$67.60	\$883.07
4. Legislative Adjustments	1.000	0.805	1.008	1.031	1.024	0.994	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$64.29	\$506.50	\$140.49	\$62.72	\$13.36	\$73.71	\$861.07
6. Adjustment to Pool						5.5%	47.36
Capitation Rate							\$908.43

Plan Name:
 County: Stanislaus
 Aid Code Grouping: Family

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$80.89	\$32.20	\$882.79	\$29.19	\$329.43	\$9.48	
2. Units per Eligible/year	5.960	3.970	0.320	2.610	0.010	7.360	
Cost per Elig. per Mo.	\$40.18	\$10.65	\$23.54	\$6.35	\$0.27	\$5.81	\$86.80
3. Adjustments							
a. Age/Sex	0.971	0.989	0.968	0.974	1.000	0.985	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	1.596	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$34.81	\$10.45	\$22.06	\$5.91	\$0.27	\$9.13	\$82.63
4. Legislative Adjustments	1.012	0.793	0.989	1.037	1.019	0.985	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$37.24	\$9.36	\$23.17	\$6.96	\$0.28	\$9.87	\$86.88
6. Adjustment to Pool						5.5%	4.78
Capitation Rate							\$91.66

Plan Name:
 County: Stanislaus
 Aid Code Grouping: Disabled

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$22.14	\$69.61	\$576.67	\$26.02	\$266.55	\$6.98	
2. Units per Eligible/year	14.720	25.830	0.870	5.600	0.450	73.390	
Cost per Elig. per Mo.	\$27.16	\$149.84	\$41.81	\$12.14	\$10.00	\$42.69	\$283.64
3. Adjustments							
a. Age/Sex	1.039	1.005	1.025	1.036	0.974	1.024	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$23.24	\$131.77	\$39.43	\$12.24	\$9.69	\$38.34	\$254.71
4. Legislative Adjustments	1.001	0.793	1.022	1.032	1.019	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$24.59	\$118.08	\$42.80	\$14.35	\$9.87	\$41.55	\$251.24
6. Adjustment to Pool						5.5%	13.82
Capitation Rate							\$265.06

Plan Name:
 County: Stanislaus
 Aid Code Grouping: Aged

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$15.80	\$52.32	\$294.88	\$16.61	\$254.01	\$6.25	
2. Units per Eligible/year	12.410	20.020	0.760	4.160	0.970	49.120	
Cost per Elig. per Mo.	\$16.34	\$87.29	\$18.68	\$5.76	\$20.53	\$25.58	\$174.18
3. Adjustments							
a. Age/Sex	0.996	1.013	1.038	0.984	1.099	1.019	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$14.61	\$88.07	\$19.33	\$5.59	\$22.49	\$20.36	\$170.45
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.020	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$15.44	\$78.92	\$20.53	\$6.55	\$22.94	\$22.09	\$166.47
6. Adjustment to Pool						5.5%	9.16
Capitation Rate							\$175.63

Plan Name:
 County: Stanislaus
 Aid Code Grouping: Child

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$65.17	\$23.81	\$911.30	\$26.81	\$199.73	\$6.98	
2. Units per Eligible/year	5.200	3.620	0.460	2.790	0.020	12.130	
Cost per Elig. per Mo.	\$28.24	\$7.18	\$34.93	\$6.23	\$0.33	\$7.06	\$83.97
3. Adjustments							
a. Age/Sex	1.155	1.042	1.264	1.154	1.000	1.039	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	1.392	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$29.07	\$7.36	\$42.03	\$7.00	\$0.33	\$10.21	\$96.00
4. Legislative Adjustments	1.011	0.793	1.000	1.042	1.018	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$31.06	\$6.60	\$44.64	\$8.29	\$0.34	\$11.07	\$102.00
6. Adjustment to Pool						5.5%	5.61
Capitation Rate							\$107.61

Plan Name:
 County: Stanislaus
 Aid Code Grouping: Adult

Plan # :
 Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$174.08	\$26.89	\$889.40	\$28.25	\$0.00	\$32.25	
2. Units per Eligible/year	22.160	5.090	4.680	17.660	0.000	9.720	
Cost per Elig. per Mo.	\$321.47	\$11.41	\$346.87	\$41.57	\$0.00	\$26.12	\$747.44
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$293.85	\$11.40	\$346.52	\$41.11	\$0.00	\$23.17	\$716.05
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.004	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$310.60	\$10.22	\$368.00	\$48.15	\$0.00	\$25.14	\$762.11
6. Adjustment to Pool						5.5%	41.92
Capitation Rate							\$804.03

Plan Name:
County: Stanislaus
Aid Code Grouping: AIDS

Plan # :
Plan Type: Commercial Plan
Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$27.68	\$182.11	\$576.67	\$24.46	\$348.70	\$14.01	
2. Units per Eligible/year	31.390	55.340	3.300	26.480	0.450	90.190	
Cost per Elig. per Mo.	\$72.41	\$839.83	\$158.58	\$53.98	\$13.08	\$105.30	\$1,243.18
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$60.82	\$556.81	\$151.76	\$53.55	\$13.05	\$67.60	\$903.59
4. Legislative Adjustments	1.000	0.805	1.008	1.031	1.024	0.994	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$64.29	\$506.50	\$162.46	\$62.72	\$13.36	\$73.71	\$883.04
6. Adjustment to Pool						5.5%	48.57
Capitation Rate							\$931.61

Plan Name:
 County: Tulare
 Aid Code Grouping: Family

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$80.89	\$32.20	\$1,005.98	\$29.19	\$329.43	\$9.48	
2. Units per Eligible/year	5.960	3.970	0.320	2.610	0.010	7.360	
Cost per Elig. per Mo.	\$40.18	\$10.65	\$26.83	\$6.35	\$0.27	\$5.81	\$90.09
3. Adjustments							
a. Age/Sex	0.930	0.957	0.913	0.941	1.000	0.956	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.975	0.992	0.968	0.956	0.995	1.596	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$33.34	\$10.11	\$23.71	\$5.71	\$0.27	\$8.86	\$82.00
4. Legislative Adjustments	1.012	0.793	0.989	1.037	1.019	0.985	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$35.66	\$9.06	\$24.90	\$6.73	\$0.28	\$9.57	\$86.20
6. Adjustment to Pool						5.5%	4.74
Capitation Rate							\$90.94

Plan Name:
 County: Tulare
 Aid Code Grouping: Disabled

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$22.14	\$69.61	\$750.98	\$26.02	\$266.55	\$6.98	
2. Units per Eligible/year	14.720	25.830	0.870	5.600	0.450	73.390	
Cost per Elig. per Mo.	\$27.16	\$149.84	\$54.45	\$12.14	\$10.00	\$42.69	\$296.28
3. Adjustments							
a. Age/Sex	0.979	0.831	0.926	1.085	0.950	1.115	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.900	0.875	0.920	0.973	0.995	0.877	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$21.90	\$108.95	\$46.39	\$12.82	\$9.45	\$41.74	\$241.25
4. Legislative Adjustments	1.001	0.793	1.022	1.032	1.019	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$23.17	\$97.63	\$50.35	\$15.03	\$9.63	\$45.24	\$241.05
6. Adjustment to Pool						5.5%	13.26
Capitation Rate							\$254.31

Plan Name:

County:

Aid Code Grouping:

Tulare

Aged

Plan # :

Date:

4-Mar-03

Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation

	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$15.80	\$52.32	\$249.90	\$16.61	\$254.01	\$6.25	
2. Units per Eligible/year	12.410	20.020	0.760	4.160	0.970	49.120	
Cost per Elig. per Mo.	\$16.34	\$87.29	\$15.83	\$5.76	\$20.53	\$25.58	\$171.33
3. Adjustments							
a. Age/Sex	1.007	1.011	1.041	0.995	1.056	1.015	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.981	0.996	0.997	0.986	0.997	0.781	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$14.77	\$87.90	\$16.43	\$5.65	\$21.61	\$20.28	\$166.64
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.020	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$15.61	\$78.77	\$17.45	\$6.62	\$22.04	\$22.00	\$162.49
6. Adjustment to Pool						5.5%	8.94
Capitation Rate							\$171.43

Plan Name:
 County: Tulare
 Aid Code Grouping: Child

Plan #: Date: 4-Mar-03
 Plan Type: Commercial Plan

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$65.17	\$23.81	\$841.81	\$26.81	\$199.73	\$6.98	
2. Units per Eligible/year	5.200	3.620	0.460	2.790	0.020	12.130	
Cost per Elig. per Mo.	\$28.24	\$7.18	\$32.27	\$6.23	\$0.33	\$7.06	\$81.31
3. Adjustments							
a. Age/Sex	1.094	1.048	1.104	1.109	1.000	1.012	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.974	0.984	0.952	0.973	0.996	1.392	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$27.53	\$7.40	\$33.92	\$6.72	\$0.33	\$9.95	\$85.85
4. Legislative Adjustments	1.011	0.793	1.000	1.042	1.018	0.988	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$29.42	\$6.63	\$36.02	\$7.95	\$0.34	\$10.78	\$91.14
6. Adjustment to Pool						5.5%	5.01
Capitation Rate							\$96.15

Plan Name:
County: Tulare
Aid Code Grouping: Adult

Plan # :
Plan Type: Commercial Plan
Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$174.08	\$26.89	\$910.95	\$28.25	\$0.00	\$32.25	
2. Units per Eligible/year	22.160	5.090	4.680	17.660	0.000	9.720	
Cost per Elig. per Mo.	\$321.47	\$11.41	\$355.27	\$41.57	\$0.00	\$26.12	\$755.84
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.999	0.999	0.999	0.989	1.000	0.887	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$293.85	\$11.40	\$354.91	\$41.11	\$0.00	\$23.17	\$724.44
4. Legislative Adjustments	1.000	0.793	1.000	1.031	1.004	0.989	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$310.60	\$10.22	\$376.91	\$48.15	\$0.00	\$25.14	\$771.02
6. Adjustment to Pool						5.5%	42.41
Capitation Rate							\$813.43

Plan Name:
 County: Tulare
 Aid Code Grouping: AIDS

Plan # :
 Plan Type: Commercial Plan
 Date: 4-Mar-03

The Rate Period is October 1, 2002 to September 30, 2003

Capitation Payments at the End of the Month

Coverages (C = Covered by Plan, N = NOT Covered by Plan)

CCS Indicated Claims	N	Newborn Hearing Screening	N
GHPP	N	MH - Hospital Inpatient	N
Hemodialysis	C	MH - Outpatient Services	N
Major Organ Transplant	N	MH - Psychotropic Drugs	N
Chiropractor	N	Psychiatrist	N
Acupuncturist	N	LTC Month of Entry Plus 1	C
Lenses for Eyeware	N	LTC After Month of Entry Plus 1	N
Local Education Authority	N	Targeted Case Management	N
Alphafeto Protein Testing	N	Short-Doyle Mental Health	N
Direct Observed Therapy	N	Multipurpose Senior Support Program	N
Heroin Detoxification	N	Services at State or Federal Hospitals	N
AIDS Waiver	N	Out of State Services	C
Special AIDS Drugs	N	Childhood Lead Screening	C
In Home Waiver	N	CHDP Services	C
Model NF Waiver	N	Home/Community Based Services	N
Adult Day Health Care	N		

Rate Calculation	Physician	Pharmacy	Hospital Inpatient	Hospital Outpatient	Long Term Care	Other	Total
1. Average Cost Per Unit	\$27.68	\$182.11	\$750.98	\$24.46	\$348.70	\$14.01	
2. Units per Eligible/year	31.390	55.340	3.300	26.480	0.450	90.190	
Cost per Elig. per Mo.	\$72.41	\$839.83	\$206.52	\$53.98	\$13.08	\$105.30	\$1,291.12
3. Adjustments							
a. Age/Sex	1.000	1.000	1.000	1.000	1.000	1.000	
b. Area	0.915	1.000	1.000	1.000	1.000	1.000	
c. Coverages	0.918	0.663	0.957	0.992	0.998	0.642	
d. Interest	1.000	1.000	1.000	1.000	1.000	1.000	
Adjusted Base Cost	\$60.82	\$556.81	\$197.64	\$53.55	\$13.05	\$67.60	\$949.47
4. Legislative Adjustments	1.000	0.805	1.008	1.031	1.024	0.994	
5. Trend Adjustments	1.057	1.130	1.062	1.136	1.000	1.097	
Projected Cost per Eligible	\$64.29	\$506.50	\$211.57	\$62.72	\$13.36	\$73.71	\$932.15
6. Adjustment to Pool						5.5%	51.27
Capitation Rate							\$983.42